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MS Amendment U.S. Patent and Trademark Office	571/273-8300	571/270-1343

FROM: Charles D. Holland

DATE: March 27, 2007

Number of pages with cover page:	<b>21</b>	
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Comments:

## OFFICIAL FILING

Attorney Docket No.: 595122001700

Group Art Unit: 3709

Examiner: W. Freeman

Serial No.: 10/826,641

Filing Date: April 15, 2004

Inventors: Scott OLIVE

Title: MULTI-LINE GAMING MACHINE WITH SINGLE WAGER OPTION

Papers enclosed:

1. Transmittal (1 page);
2. Fee Transmittal + duplicate for fee processing (2 pages);
3. Response to Non-Final Office Action (16 pages);
4. Petition for Extension of Time (One month-1 page).

\*\*\*\*\*  
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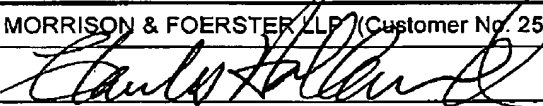
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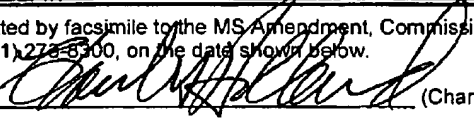
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/826,641
		Filing Date	April 15, 2004
		First Named Inventor	Scott OLIVE
		Art Unit	W. Freeman
		Examiner Name	3709
Total Number of Pages In This Submission	20	Attorney Docket Number	595122001700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages)  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply (16 pages)  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request (1 page)  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):  Fax Cover Sheet
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